

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Heather Hinkel</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012		
Mailing Address 219 N 7 1/2 Ave W			Amount <span style="border: 1px solid black; padding: 2px;">640.02</span>		
City Duluth		State MN	Zip Code 55806		Transaction ID : SE.11996
Purpose of Expenditure Field Organizer		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">46778.61</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Jill Otto</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012		
Mailing Address 3513 Bryant Ave. S.			Amount <span style="border: 1px solid black; padding: 2px;">746.69</span>		
City Minneapolis		State MN	Zip Code 55408		Transaction ID : SE.11993
Purpose of Expenditure Field Organizer		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHELE BACHMANN			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32424.38</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">1386.71</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012</p>					

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(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Lillian Ovellete-Havitz</b>			Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>88 Clarence Ave.</b>			Amount <b>533.35</b>	
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55414</b>	Transaction ID : <b>SE.11995</b>	
Purpose of Expenditure Field Organizer		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MICHELE BACHMANN</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>33491.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Ann Elise Rupert</b>			Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>4777 McComber Rd.</b>			Amount <b>746.69</b>	
City <b>Duluth</b>	State <b>MN</b>	Zip Code <b>55803</b>	Transaction ID : <b>SE.11998</b>	
Purpose of Expenditure Field Organizer		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>08</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RAYMOND J MR. CRAVAACK</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>48271.99</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1280.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Becky Bond*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 01 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Matthew Levi Scott</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>7309 W. Skyline Pkwy</b>		Amount <b>746.69</b>	
City <b>Duluth</b>	State <b>MN</b>	Zip Code <b>55810</b>	Transaction ID : <b>SE.11997</b>
Purpose of Expenditure Field Organizer		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RAYMOND J MR. CRAVAACK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>47525.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Patricia Steck</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>869 City Rd D</b> <b>#308</b>		Amount <b>533.35</b>	
City <b>Vadnais Heights</b>	State <b>MN</b>	Zip Code <b>55109</b>	Transaction ID : <b>SE.11994</b>
Purpose of Expenditure Field Organizer		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MICHELE BACHMANN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>32957.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1280.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>3946.79</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 01 / 2012**